



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: DANIEL WORLEDGE  
Serial No.: 10/623,323  
Filed: July 17, 2003

Attorney Docket No.: YOR920030333  
Art Unit: 2818  
Examiner: NOT AVAILABLE

For: MAGNETIC BITS FOR A MAGNETIC RANDOM ACCESS MEMORY

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT**

Sir:

This is a preliminary amendment to the above-captioned patent application. Please amend the application as follows.

It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-0510.



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/623,323	
	Filing Date	July 17, 2003	
	First Named Inventor	Daniel Worledge	
	Art Unit	2818	
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	YOR920030333

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Preliminary Amendment
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael J. Buchenhorner, 33,162
Signature	<i>Michael J. Buchenhorner</i>
Date	December 12, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Michael J. Buchenhorner		
Signature	<i>Michael J. Buchenhorner</i>	Date	December 12, 2003

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